

COMMONWEALTH OF KENTCKY

DEPARTMENT OF MINES AND MINERALS
DIVISION OF OIL AND GAS
P.O. BOX 2244
FRANKFORT, KY 40601
PHONE (502) 573-0147

FOR OFFICE USE ONLY

RECORD NO: _____
FEE: _____
BOND: _____
PLAT: _____
FWD: _____
SAMPLES: _____
PERMIT NO: _____
RESTRICTED AREA: _____

APPLICATION FOR PERMIT**TYPE OR PRINT**

1. TO DRILL ☐ , DEEPEN ☐ , PREVIOUS PERMIT NO. _____ , REOPEN ☐ PREVIOUS PERMIT NO. _____ , A WELL
2. WELL OPERATOR (APPLICANT) _____
(MUST BE IDENTICAL TO NAME ON BOND)
3. PERMANENT ADDRESS _____
STREET _____ CITY _____
STATE _____ ZIP _____ E-MAIL _____ PHONE _____
4. ADDRESS FOR MAILING PERMIT _____
5. MINERAL OWNER (LESSOR) _____
(ATTACH ADDITIONAL SHEETS AS NEEDED - ELECTRONIC VERSION, SEE PAGE 3)
ADDRESS _____
ZIP _____ PHONE _____ E-MAIL ADDRESS _____
COUNTY _____ WELL NUMBER _____ LEASE EXPIRATION DATE _____
6. CARTER ☐ FNL ☐ FEL
COORDINATES ☐ FSL ☐ FWL SEC _____ LETTER _____ NUMBER _____
7. ELEVATION BEFORE GRADING _____ ELEVATION AFTER GRADING IF DIFFERENT _____
ELEVATION CHANGES MUST BE FILED WITH THIS OFFICE PRIOR TO PLUGGING THE WELL.
8. NAME OF DEEPEST GEOLOGIC FORMATION TO BE TESTED _____ max depth
to permit _____
9. THIS PROPOSED WELL IS TO BE DRILLED FOR THE FOLLOWING PURPOSE
- | | | |
|---|--|---|
| A. OIL - PRIMARY <input type="checkbox"/> | D. WATER SUPPLY <input type="checkbox"/> | G. SALT WATER DISPOSAL <input type="checkbox"/> |
| B. GAS - PRIMARY <input type="checkbox"/> | E. ENHANCED RECOVERY INJECTION <input type="checkbox"/> | H. STRATIGRAPHIC TEST <input type="checkbox"/> |
| C. GAS STORAGE <input type="checkbox"/> | F. ENHANCED RECOVERY PRODUCTION <input type="checkbox"/> | I. OBSERVATION <input type="checkbox"/> |
10. A. IS THIS WELL TO BE COMPLETED IN A RESERVOIR WHICH HAD INJECTION WELLS IN EXISTENCE PRIOR TO THE EFFECTIVE DATE OF 805 KAR 1:110. YES ☐ NO ☐
B. THE OPERATOR OF A PROPOSED INJECTION WELL MUST OBTAIN A PERMIT TO DRILL (THIS APPLICATION) AND A SEPARATE PERMIT TO INJECT. THE PERMIT TO INJECT SHALL SATISFY THE REQUIREMENTS OF 805 KAR 1:110.
11. WILL THIS WELL PENETRATE COAL BEARING STRATA? YES ☐ NO ☐ IF YES, COMPLETE BOX BELOW.
12. IS THE COAL OWNED, OPERATED OR LEASED BY ANY PERSON OTHER THAN THE OIL OR GAS LESSEE OR LESSOR?
YES ☐ NO ☐
COAL OWNER AND ADDRESS: _____
THE UNDERSIGNED APPLICANT HAS SENT A COPY OF THIS APPLICATION AND THE WELL LOCATION PLAT BY REGISTERED OR CERTIFIED MAIL TO ALL COAL OWNERS AND OPERATORS NAMED HEREIN ON THE SAME DATE THAT THIS APPLICATION WAS MAILED TO THE DEPARTMENT.
13. WILL THIS WELL BE DRILLED WITHIN THE AREA OF A GAS STORAGE FIELD AS DEFINED BY THE DIVISION OF GAS AND OIL REGULATION 805 KAR 1:080? YES ☐ NO ☐
GAS STORAGE FIELD OWNER AND ADDRESS: _____
THE UNDERSIGNED APPLICANT HAS SENT A COPY OF THIS APPLICATION AND THE WELL LOCATION PLAT BY REGISTERED OR CERTIFIED MAIL TO ALL COAL OWNERS AND OPERATORS NAMED HEREIN ON THE SAME DATE THAT THIS APPLICATION WAS MAILED TO THE DEPARTMENT.
14. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER) (ATTACH ADDITIONAL SHEETS AS NEEDED - ELECTRONIC VERSION, SEE PAGE 4.)
ADDRESS _____
E-MAIL ADDRESS _____
15. SURFACE OWNERS NOTIFICATION OF INTENT TO DRILL.
METHOD OF NOTIFICATION: ☐ CERTIFIED MAIL (COPY OF LETTER AND RETURN RECEIPT ATTACHED)
☐ PERSONAL DELIVERY (DATE _____) (COPY OF NOTIFICATION ATTACHED)
16. DRILLING CONTRACTOR _____
ADDRESS _____
PHONE NUMBER _____ E-MAIL ADDRESS _____
17. U.S.G.S. QUADRANGLE _____
NAME _____ MAP YEAR _____

18. IS THIS PROPOSED WELL LOCATED ON, OR WILL IT BE NECESSARY TO CROSS LAND WHICH IS CURRENTLY UNDER PERMIT OR BOND BY A COALOPERATOR AS REQUIRED BY KRS CHAPTER 350? _____ YES ☐ NO ☐

IS YES, LIST THE NAME AND ADDRESS OF CURRENT BONDED OPERATOR

HAS THE APPLICANT MET AND CONFERRED WITH, OR OFFERED TO MEET AND CONFER WITH THE BONDED OPERATOR? _____ YES ☐ NO ☐

19. IS THE PROPOSED WELL A POOLED OR UNITIZED WELL? _____ YES ☐ NO ☐

IF YES, BY WHAT AUTHORITY DOES THE APPLICANT HAVE TO POOL OR UNITIZED THIS PROPOSED WELL?

20. IS THE PROPOSED WELL A TWIN WELL TO AN EXISTING WELL OR WELLS? _____ YES ☐ NO ☐

IF YES, WHAT IS THE PERMIT NUMBER(S) FOR THE EXISTING WELL(S)? _____

WHAT IS THE PRODUCING FORMATION AND INTERVAL OF THE EXISTING WELL(S)?

DESCRIBE THE MEASURES TO BE TAKEN TO ENSURE THAT THE TWIN WELLS WILL NOT PRODUCE FROM THE SAME RESERVOIR.

21. IS THIS PROPOSED WELL A HORIZONTAL OR DEVIATED WELL? _____ YES ☐ NO ☐
IF YES, INDICATE THE LOCATION OF THE ENDPOINT OF THE WELLBORE BELOW.

CARTER ☐ FNL ☐ FEL
COORDINATES ☐ FSL ☐ FWL SEC _____ LETTER _____ NUMBER _____

WHAT IS THE ESTIMATED TOTAL LENGTH OF THE WELLBORE? _____

22. IF A CORPORATION, INDICATE STATE OF INCORPORATION _____

IS CORPORATION REGISTERED WITH KENTUCKY SECRETARY OF STATE? _____ YES ☐ NO ☐

23. **THE UNDERSIGNED HEREBY SWEARS OR AFFIRMS THAT THE FOREGOING FACTS GIVEN IN THIS APPLICATION ARE TRUE AS THEREIN SET FORTH.**

DATED THIS _____ DAY OF _____ A.D. 20 ____

24. **THE APPLICANT ACKNOWLEDGES THAT OTHER LOCAL, STATE AND FEDERAL LAWS MAY APPLY TO A WELL DRILLED AT THIS LOCATION.**

25. **IF A CORPORATION, SIGNATORY MUST BE AN OFFICER OF THE COMPANY OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS.**

IF A PRIVATE INDIVIDUAL, SIGNATORY MUST BE SAME OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS.

SIGNATURE OF APPLICANT

TITLE

PRINT OR TYPE NAME OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

26. **ALL APPLICATIONS MUST BE NOTARIZED. FILE THIS APPLICATION ALONG WITH A PERMIT FEE OF \$300.00 AND ONE (1) ORIGINAL AND TWO (2) COPIES OF THE WELL LOCATION PLAT. ALL BANKS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE REJECTED.**

DEPARTMENT OF MINES AND MINERALS
DIVISION OF OIL AND GAS

APPLICATION FOR PERMIT
(Attachment Page for Question #5)

5a. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5b. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5c. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5d. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5e. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5f. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5g. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5h. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

5i. MINERAL OWNER (LESSOR) _____
ADDRESS _____ ZIP _____ PHONE _____
E-MAIL ADDRESS _____ LEASE EXPIRATION DATE _____

DEPARTMENT OF MINES AND MINERALS
DIVISION OF OIL AND GAS

APPLICATION FOR PERMIT
(Attachment Page for Question #14)

14a. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER)

ADDRESS _____

E-MAIL ADDRESS _____

14b. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER)

ADDRESS _____

E-MAIL ADDRESS _____

14c. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER)

ADDRESS _____

E-MAIL ADDRESS _____

14d. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER)

ADDRESS _____

E-MAIL ADDRESS _____

14e. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER)

ADDRESS _____

E-MAIL ADDRESS _____

14f. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER)

ADDRESS _____

E-MAIL ADDRESS _____

14g. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER)

ADDRESS _____

E-MAIL ADDRESS _____

14h. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER)

ADDRESS _____

E-MAIL ADDRESS _____

14i. SURFACE OWNER _____
(IF DIFFERENT FROM MINERAL OWNER)

ADDRESS _____

E-MAIL ADDRESS _____